	TOTAL CLAIMS FOR NUMBER FLED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS MINUS 20= 'FB NUMBER EXTRA MULTIPLE DEPENDENT CLAIM PRESENT 'If the difference in column 1 is less than zero, enter "0" in column 2 'If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2) (Column 3) NUMBER PRESENT PRESENT PRESENT PRESENT PRESENT FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 2) (Column 2) (Column 3) TOTAL OR SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY OR TOTAL OR ADDI- FEE X\$ 9= OR X\$18= OR ADDI- FEE TOTAL OR OR ADDI- FEE OR X\$18= OR ADDI- FEE OR ADDI- TOTAL OR OR ADDI- TOTAL OR TOTAL OR TOTAL OR OR TOTAL OR												
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'		ſ	Effective October 1, 2000 MS AS FILED - PART I NUMBER PRED NUMBER EXTRA AIMS										
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1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	70V=		
ij	the entry in colu	mn 1 is less than th	e entry in colu	nn 2, write 1	n col	imn 3.	L			OR			
- 11	the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THIS iid For IN THIS	S SPACE IS I	ess than	20, enter "20."		DIT. FEE		P	DOIT, FEE		
•	ne rubiesi istiii	iver rieviously Pal	or (Total or	Independen	i) is the	highest number	tound	in the app	ropriate box	in colu	mn 1.	į	ĺ